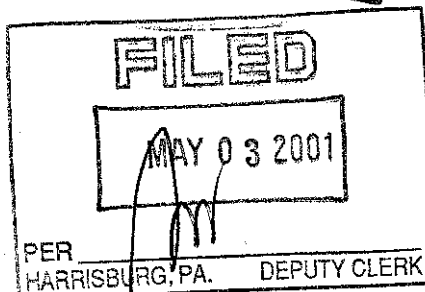


ORIGINAL

DMB:DD:slg:2000V00797



50  
5/4/01  
nfy

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE,

Plaintiff

v.

UNITED STATES OF AMERICA, et al.

Defendants

:  
:  
:  
:  
:  
:

Civil No. 1:CV-00-00486  
(Kane, J.)

EXHIBITS TO DEFENDANTS' BRIEF IN SUPPORT OF THEIR  
MOTION TO STRIKE PLAINTIFF'S BRIEF

DAVID M. BARASCH  
United States Attorney

KATE L. MERSHIMER  
Assistant U.S. Attorney  
SHELLEY L. GRANT  
Paralegal Specialist  
217 Federal Building  
225 Walnut Street  
Post Office Box 11754  
Harrisburg, PA 17108

Dated: May 3, 2001

# **EXHIBIT - 1**

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW			
YES	NO		
	<input checked="" type="checkbox"/>	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
	<input checked="" type="checkbox"/>	B. Inability to perform certain motions.	
	<input checked="" type="checkbox"/>	C. Inability to assume certain positions.	
	<input checked="" type="checkbox"/>	D. Other medical reasons (If yes, give reasons.)	
	<input checked="" type="checkbox"/>	14. Have you, ever been treated for a mental condition? (If yes, specify when, where, and give details.)	
	<input checked="" type="checkbox"/>	15. Have you ever been denied life insurance? (If yes, state reason and give details.)	
	<input checked="" type="checkbox"/>	16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
	<input checked="" type="checkbox"/>	17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
	<input checked="" type="checkbox"/>	18. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
	<input checked="" type="checkbox"/>	19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
	<input checked="" type="checkbox"/>	20. Have you ever been rejected for military service because of physical, mental, or other reason? (If yes, give date, and reason, for rejections.)	
	<input checked="" type="checkbox"/>	21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for fitness or unsuitability.)	
	<input checked="" type="checkbox"/>	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT — TRANSFER ☒ P.V. —

OTHER —

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED, WHEN WERE THEY LAST USED: HAVE

THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? —

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES — NO ☒

WHAT ARRANGEMENTS HAVE BEEN MADE? —

DUTY STATUS: TEMPORARY WORK ☒ RESTRICTED —

GENERAL POPULATION ☒ YES — NO —

TYPE AND EXTENT OF LIMITATION —

23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

① Hearing loss (L) ear.  
② (L) hip bursitis

EXH. A (4 pages)

TYPED OR PRINTED NAME OF PHYSICIAN OR

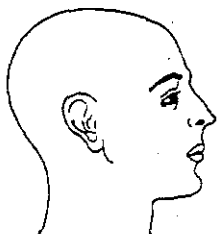

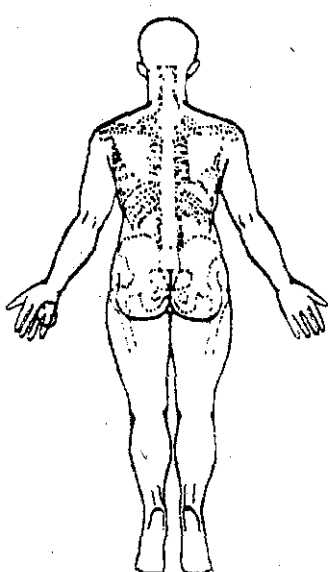
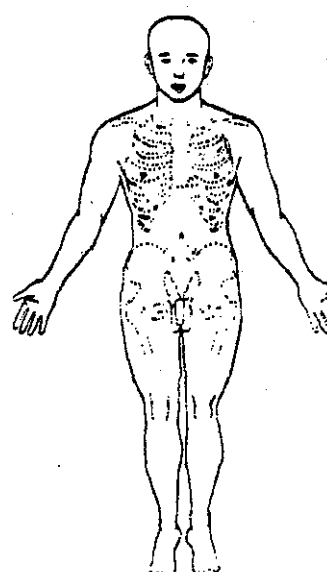
DATE

SIGNATURE

NUMBER OF

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP  
(Medical)

1. Institution <u>FELT BETHLEHEM</u>	2. Name of Injured <u>Lee, Paul</u>	3. Register Number <u>01656087</u>
4. Injured's Duty Assignment <u>Food Service</u>	5. Housing Assignment <u>Voxler A Upper</u>	6. Date and Time of Injury <u>8/25/98 0600</u>
7. Where Did Injury Happen (Be specific as to location) <u>Food Service, dish room</u>	Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Date and Time Reported for Treatment <u>8/25/98 0645</u>
9. Subjective: (Injured's Statement as to How Injury Occurred) (Symptoms as Reported by Patient) <u>The guy said something I did not</u> <u>hear and was faint</u> <u>x</u> Signature of Patient		
10. Objective: (Observations or Findings from Examination) <u>1st exam, bleeding</u> <u>laceration 5th metacarpal joint. FRCOA,</u> <u>no damage</u>	X-Rays Taken <u>      </u> Not Indicated <u>      </u> X-Ray Results	
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) <u>① minor laceration 879.6(A)</u> <u>② confusion</u>		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <u>① Triple antibiotic twice a day</u> <u>② keep wound dry &amp; clean</u>		
13. This Injury Required:  <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain)   <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician  <u>E. SCHIMM, M.D.</u> Signature of Physician or Physician Assistant	 	 

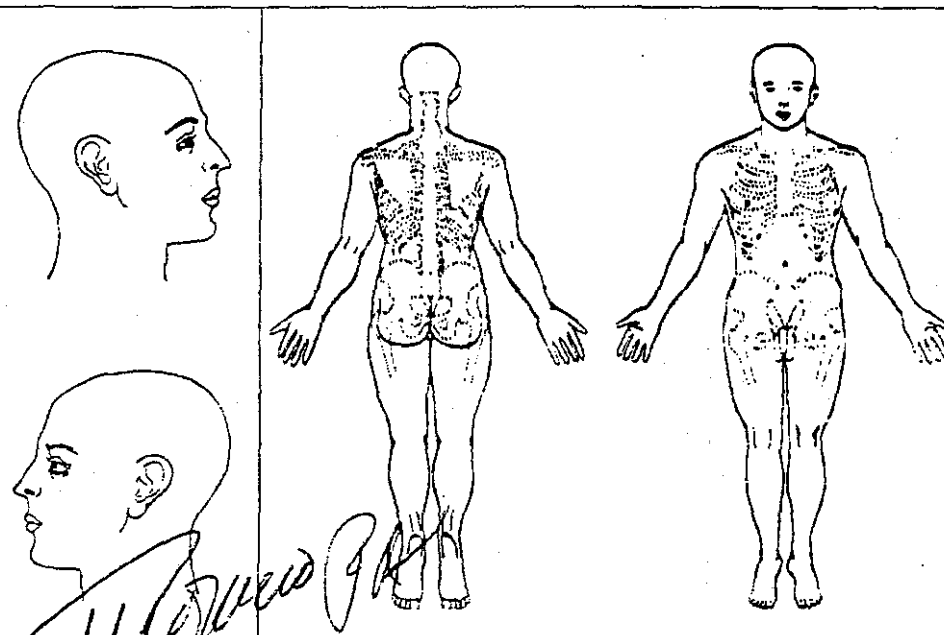
Self Carboned Form - If ballpoint pen is used, PRESS HARD

Original - Medical File  
Copy - Safety  
Pink - Work Supervisor (Work related only)  
Goldenrod - Correctional Supervisor

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP  
(Medical)

A12

1. Institution <b>FBI-Berkley</b>	2. Name of Injured <b>Lee, Paul</b>	3. Register Number <b>01656-087</b>
4. Injured's Duty Assignment <b>Bakery</b>	5. Housing Assignment <b>Pop A Lower</b>	6. Date and Time of Injury <b>10-10-97 1830</b>
7. Where Did Injury Happen (Be specific as to location) <b>Rec Yard</b>	Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Date and Time Reported for Treatment <b>10-10-97 1845</b>
9. Subjective: (Injured's Statement as to How Injury Occurred) (Symptoms as Reported by Patient) <b>"I'm Spunked hit me in the shin with his palm"</b> <b>X Ca</b> Signature of Patient		
10. Objective: (Observations or Findings from Examination) <b>no injuries observed</b>		X-Rays Taken _____ Not Indicated _____ X-Ray Results
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) <b>Nothing Found</b> <b>V71.8</b>		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <b>No Medical Attention</b>		
13. This Injury Required: <input checked="" type="checkbox"/> a. No Medical Attention <input type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain)  <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician  <b>Thompson, R</b> Signature of Physician or Physician Assistant <b>K. S. Kase, RN</b>		

Original - Medical File

Copy - Safety

Pink - Work Supervisor (Work related only)

Self Carboned Form - If ballpoint pen is used, PRESS HARD

which may be just and proper considering the circumstances.

Respectfully submitted,

By: 

Paul Lee  
Box 2000  
White Deer, PA 17887  
800.278.3288 Telephone  
800.572.4403 Facsimile  
usdojcom@hotmail.com

PLAINTIFF

DECLARATION OF PAUL LEE

I, Paul Lee, declare and state under the penalty for perjury that the foregoing allegations are true and correct. 28 USC §1746.

By: 

Paul Lee

*Signature Page of  
"First Amended  
Complaint"*

# **EXHIBIT - 2**

call out sheet was posted by prison staff. Lee has never deliberately missed an appointment. See Lee Declaration. As to the claim that Lee did not attempt to make appointments regarding hip replacement surgery, this is also not true. Each time Lee appeared for sick call, he mentioned the hip pain and requested the surgery. Medical staff, however, told Lee to buy some pain killers from the commissary. They did not note the complaints in the medical records. Even after this suit was filed, the Federal Bureau of Prisons has still not arranged for the hip replacement surgery.

Importantly, Lee notes that the government's claims that Lee refused to receive "a local injection." On the contrary, Lee did receive one injection. He noted complications and irritation as a proximate result, and advised medical staff accordingly. Medical staff told him that, based on his reactions, he should not accept further injections. The refusal to accept further injections was based on the complications and was not a "refusal" to cooperate with medical treatment. See Lee Declaration.

Based on this, there are clearly material facts in dispute. As such, the government is not entitled to summary judgment based on this record. Therefore, the claims must proceed to trial.

### **III. Conclusion**

On this record, there are clearly material facts in dispute which prevent any award of summary judgment to the government. As such, this case should proceed to trial.

Respectfully submitted,

By: 

Paul Lee  
% Chrissy's News and Paralegal Service  
500 Lincoln Highway  
N. Versailles, PA 15137

PLAINTIFF



# **EXHIBIT - 3**

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE,

Plaintiff,

v.

: 1:00cv00486

UNITED STATES, et al,

Defendants.

PAUL LEE'S MOTION FOR EXPANSION OF TIME TO  
RESPOND TO THE MOTION FOR SUMMARY JUDGMENT

Plaintiff Paul Lee ("Lee"), pro se, moves this Court for an expansion of time to respond to the government's omnibus motion. The basis for this motion is the fact that the government, after receiving several extensions of time, filed a lengthy and complicated omnibus motion. Lee is presently required by the defendants to work seven (7) hours per day. As a result, Lee's access to the law library is minimal. Therefore, Lee requests until March 29, 2001, to respond. A proposed order is attached hereto.

Respectfully submitted,

By:                     /3/                    

Paul Lee  
% Chrissy's Paralegal Service  
500 Lincoln Highway  
N. Versailles, PA 15137  
1.800.435.5347 Telephone  
1.800.572.4403 Facsimile  
usdojcom@hotmail.com

PLAINTIFF

EXH. C

# **EXHIBIT - 4**

Citation  
56779265208

Search Result

Rank 9 of 11

Databa  
CORP-P

56779265208

This Record Last Updated: 06/29/2000  
Database Last Updated: 04/10/2001  
Update Frequency: Daily  
Current Date: 04/17/2001  
Source: As reported by the Secretary of State or other  
official source

#### COMPANY INFORMATION

Name: **CHRISSY'S NEWS**  
Address: 500 LINCOLN HWY STE 8  
NORTH VERSAILLES, PA 15137

#### FILING INFORMATION

Filing Date: 11/03/1995  
Status: ACTIVE  
Business Type: FICTITIOUS NAME  
Address Type: Mailing  
Registration ID #: 2663977  
Where Filed: SECRETARY OF STATE/CORPORATIONS DIVISION  
308 NORTH OFFICE BLDG  
HARRISBURG, PA 17120

#### PRINCIPAL INFORMATION

Name: CHRISTINE MAYDAK  
Title: FICTITIOUS NAME OWNER  
Name: MICHAEL SUSSMAN  
Title: FICTITIOUS NAME OWNER  
Name: THE KEITH MAYDAK FOUNDATION  
Title: FICTITIOUS NAME OWNER

#### AMENDMENT INFORMATION

Amendments: 11/03/1995 Miscellaneous; FICTITIOUS NAME

56779265208

ADDITIONAL DETAIL INFORMATION

Filing Office Details: BUSINESS PURPOSE: RETAIL TRADE OF  
MAGAZINES/NEWSPAPERS/CANDY/TOBACCO ETC

The preceding public record data is for information purposes only and is not the official record. Certified copies can only be obtained from the official source.

END OF DOCUMENT

# EXHIBIT - 5



The **Keith Maydak Foundation** was founded by friends of Keith Maydak. Its original goals were to work to get Keith a new trial and to see that the truth about his case came out. In fact, this Web site is one major way for us to expose the conspiracy that took place between AT&T and the United States Government.

Since then, the Foundation has expanded and is involved in trying to make changes to the criminal justice system and to the laws of the United States to make it much harder for these kinds of injustices to happen.

One of our first goals was to eliminate the absurdly harsh Federal Sentencing Guidelines for the crime of money laundering. While we certainly do not advocate leniency for those who launder money for profit, the present laws are so broad, defining money laundering as a "financial transaction over \$10,000 with criminally derived funds," that money laundering has been used as a sentence-enhancer in any case where more than \$10,000 is involved.

If you steal a car and sell it, you should be charged with car theft and theft of stolen property. However, when you use the money you got from selling the stolen car to put a down-payment on a house, you should not be charged with a separate crime with a potential sentence greater than the two actual crimes combined!

Recently, the United States Sentencing Commission has considered making this exact change. Please help us make this a reality. To see what you can do to help, [click here](#).

The Foundation recognizes that our country's criminal justice and law-enforcement systems can be a powerful tool threat to our liberty. Pornography legislation consistently threatens our freedom of speech. "Fairness" legislation threatens our freedom of the press. And the Communication Decency Act threatens to severely cripple the Internet.

The Foundation proposes a number of changes to help protect our liberties.

- Restrict law enforcement agencies' ability to use civil forfeiture before trial and restore the "innocent owner defense".
- Allow those who have had property seized to appeal the seizure without having to pay or escrow exorbitant fees.
- Repeal RICO. Though we have no objection to new laws being passed to combat organized crime, RICO is simply too broad and too easily abused, often serving as a battering ram to coerce confessions from the

innocent.

- End charges of "conspiracy". Charge with a crime those who commit crimes. These laws make it possible for people to be convicted of a crime simply for discussing it and have a significant chilling effect on our freedom of speech.
- Pass the Fully Informed Jury Act and ensure that juries are aware of their constitutional obligation to try the law as well as the person.
- Prohibit judges from applying excessive pressure to juries who cannot reach a verdict. Prohibit an Allen Charge in every court in the country.
- Make it easier for people to hold officials personally responsible and liable for knowing official misconduct.
- Revamp the Grand Jury system. It should be far more difficult to get an indictment. In particular, there should be someone present whose job it is to argue *against* indictment.

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conspiracy trial by media political refugees misrepresentation coup forceful entry Kofarsous  
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activists taxidermy the box the hole humanity program Craxion subvert suburban home of the free  
**alternative static**



UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE, :  
Plaintiff :  
v. : Civil No. 1:CV-00-00486  
UNITED STATES OF AMERICA, et al. : (Kane, J.)  
Defendants :

CERTIFICATE OF SERVICE BY MAIL

The undersigned hereby certifies that she is an employee in the Office of the United States Attorney for the Middle District of Pennsylvania and is a person of such age and discretion as to be competent to serve papers.


That on May 3, 2001, she served a copy of the attached

**EXHIBITS TO DEFENDANTS' BRIEF IN SUPPORT OF THEIR  
MOTION TO STRIKE PLAINTIFF'S BRIEF**

by placing said copy in a postpaid envelope addressed to the person hereinafter named, at the place and address stated below, which is the last known address, and by depositing said envelope and contents in the United States Mail at Harrisburg, Pennsylvania.

Addressee:

Paul Lee  
Reg. No. 01656-087  
FCI Elkton  
P.O. Box 89  
8730 Scroggs Road  
Elkton, Ohio 44415

  
SHELLEY L. GRANT  
Paralegal Specialist